

Pacific Alaska Region (Seattle)

6125 Sand Point Way, NE Seattle, Washington 98115-7999

Voice (206) 526-6504 FAX (206) 526-6575

REQUEST FOR COPIES FROM BANKRUPTCY CASE FILES BY MAIL OR FAX

The National Archives and Records Administration in Seattle accepts requests for photocopies from bankruptcy case files and forwards the photocopies to the requestor by mail, FAX or FedEx Priority Overnight delivery. Requestors may obtain photocopies by selecting from the options described below. Please note that fax options are limited. Requests will be processed within three (3) days of receipt.

Please follow steps 1 through 5, below, to obtain certified or uncertified copies from bankruptcy case files:

ST	EP 1 For each case, obtain the following closed. Please use a separate form		om the court where the case was filed and e.	
	FRC ACCESSION NUMBER AGENCY BO	OX NUMBER	FRC LOCATION NUMBER	
	CASE FILE NUMBER	CASE FILE NA	AME	
ST	EP 2 Identify whether you want the entire con the discharge, or specific requested doc	tents of the case uments from the	e file, the package of common documents, e docket (PLEASE CHECK ONLY ONE):	
	The ENTIRE CONTENTS of the case fill case file and costs \$35.00 for the first 70 available for this option - mail or overnig	pages and \$.5	ncludes all of the documents in the requested 50 per page thereafter. No fax service very only.	
	only personal bank ruptcy or "doing be commonly requested documents listed be cases do not contain all these document those listed documents found in the file.	usiness as" (di pelow. Please n is. If you choose All guestions co	requested documents. This option applies to lba) cases. This package consists of the note that while most do, some bankruptcy set this option, you will receive copies of only oncerning file contents should be directed to be bankruptcy package is \$10.00. Fax service	
	 * Order of Discharge (or Orde * Debtor's Voluntary Petition. * Schedule of Original Credito 		or Final Decree or Trustee's No Asset Report). s Final Report)	
	lighted or otherwise clearly marked on a	copy of the doc ted to the appro	h is option includes specific documents hicket obtained from the Court. All questions opriate U.S. Bankruptcy Court. Cost of the ages and \$.50 per page thereafter. Fax	
no	X OPTION: Check the box to the right and provide additional charge. Available only for orders totaling not expedite order processing time.)	a fax number if g 20 pages or le	f you want photocopies returned by fax at ess; all others will be mailed. (This option	
FA	X TELEPHONE NUMBER Area Code ()		Att:	
CE Ce	RTIFICATION OPTION: Check the box to the righ rtification is a verification of true, legal copies and o	t if you want you costs an addition	ur photocopied documents certified. nal \$6.00. Not available by fax.	_

OVER NIGHT EXPRESS DELIVERY OPTION: Check the box to the right if you want your photocopied documents retuned by ovemight (next business day) express delivery. Must provide street address; P.O. Box

not acceptable. This option costs an additional \$7.50.

STEP 3	Print name, ma below:	ailing addr	ess, (must give street ac	Idress if us	ing FedEx) and	d telephone numl	ber	
	NAME						_	
	ADDRESS							
	_							
	CITY:			STATE:	ZI	P CODE:		
	DAYTIME TELE	PHONE	NUMBER	Area Code	e ()		
STEP 4	Payment may be	e in the fo	m of a money order, pre	e-printed ch	neck, credit cai	rd, or debit card.		
	SUMMARY OF CHARGES				This Box For NARA Use Only			
	ENTIRE CONTENTS		= \$35.00 up to 70 pages; 50¢ per page thereafter (if over 70		Payment: Check/MONISA/MC			
			pages we will contact you additional fee)		Log: #			
	BANKRUPTCY PACKAGE		= \$ 10.00		Amt: \$			
					Intls:			
	REQUESTED DOCUMENTS		= \$35.00 up to 70 pages: 50¢ per page thereafter (if over 70 pages we will contact you for the additional fee)		Date:			
					Mailed By:	Date:		
	CERTIFICATI	ON	= \$6.00		Copied By:	Date:		
	OVERNIGHT EXPRESS		= \$7.50		Certfd: By:	Date:		
	DELIVERY				Faxed By:	Date:		
					FedEx By:	Date:		
	Make checks or	money or	ders payable to: Nation	al Archive	s Trust Fund	or NATF		
	If charging this cardholder's sig	purchas Inature be	e to a credit card, ent low:	ter the acc	count number,	, the expiration	date, and	
	Card Type		##		EXF	P. DATE	/	
	SIGNATURE							
STEP 5	Mail your payr	ment and	or this completed forn	n to:		.TF POINT WAY, N NA 98115-7999		

If paying by credit card, you may fax your request to us at (206) 526-6575 or call it in to us at (206) 526-6501 between the hours of 8:30 a.m. and 4:00 p.m. Pacific Time, Monday through Friday. Please allow three (3) business days for the completion of your request, plus adequate return delivery time. Telephone calls inquiring about the status of an order can add to the length of time it takes to complete a request.

YOUR REQUEST AND ANY FEES SUBMITTED WILL BE RETURNED TO YOU IF:

- a. The information supplied in STEP 1 is incorrect or incomplete.
- b. The name on the case file does not match the name requested.
- c. You fail to endors e a check or money order or if the amount is incorrect.
- d. Authorization cannot be obtained for the credit card number you supplied
- e. Federal agency requests are submitted without proper fees.